

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020734

FILED JUL 1 1959 Registration District No. 22 Primary Registration District No. 4134 STATE FILE NUMBER Registrar's No. 119

S. 300
1-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SMITHVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE COM- HOSPITAL		Length of stay in lb	STREET ADDRESS (If outside, give location) 6000 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE ARTHUR REEVES			4. DATE OF DEATH Month Day Year JUNE 18, 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 23, 1913	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY COOKS PAINT CO.	11. BIRTHPLACE (City and state or country) EDGERTON, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME PRESTON REEVES	13b. MOTHER'S MAIDEN NAME AMANDA DeHAPPART	14. NAME OF HUSBAND OR WIFE VIRGINIA WARREN REEVES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 615-09-3241	17. INFORMANT MRS. VIRGINIA REEVES, SMITHVILLE, MO	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4000		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____	STATE _____
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21. I attended the deceased from May 1957 to June 18, 1959 and last saw ^{her} _{him} alive on June 18, 1959 Death occurred at 7:30 ^h _m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Charles M. D. (Degree or title)	22b. ADDRESS Smithville, Mo.	22c. DATE SIGNED 6-20-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-20-'59	23c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS CEMETERY	23d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.
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24. FUNERAL DIRECTOR McCOMAS FUNERAL HOME,	ADDRESS SMITHVILLE, MO.	25. DATE RECD. BY LOCAL REG. 6-20-59	26. REGISTRAR'S SIGNATURE Marquette Ludwig
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

194-6

1959 JUL 1

NOV 25 1959

VS MAR 31 1960



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed S. R. McComas

Licensed Embalmer No. 2303
P. O. Address Smithville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.